

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.		DEP.		IND.			IND.		DEP.		IND.			
	1	1	1	1	1	1		1	1	1	1	1	1	1	1
1	1		1					51							
2		1		1				52							
3	2			1				53							
4	0			1				54							
5	0			1				55							
6	0			1				56							
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49								99							
50								100							
TOTAL IND.								↓							
TOTAL DEP.								↓							
TOTAL CLAIMS								5							
								6							